## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L01000020607

1. Entity Name

OAK HARBOR DEVELOPMENT, L.L.C.



Principal Place of Business

Mailing Address

4 LAGUNA STREET

**4 LAGUNA STREET** 

SUITE 201

FORT WALTON BEACH, FL 32548

SUITE 201 FORT WALTON BEACH, FL 32548

**FILED** Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90309 047 \*\*\*\*50.00

60014939



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
59-3760764		Not Applicable
5. Certificate of Status Desired		0 Additional equired

6. Name and Address of Current Registered Agent

DELGALLO, STEVEN P 21 EAST GARDEN ST., STE. 200 PENSACOLA, FL 32501

SIGNATURE:

DO	NOT	WRITE
IN	THIS	<b>SPACE</b>

		1		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
CIONIATURE				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	d Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR DEL GALLO, STEVEN P 4 WAGUNA STREET, SUITE 201 FORT WALTON BEACH, FL 32548			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida/Spatutes.				